



DOCTORATE IN CLINICAL PSYCHOLOGY

## **Identity-Complexity, Stigmatised Identities and Psychological Well-being in Adolescents**

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**LITERATURE REVIEW**

**Exploring the interrelationships between multiple identities, stigma, and psychological well-being in adolescents**

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## Introduction

The importance of identity for well-being has long been a topic of interest in research (Rosenberg, 1965; Linville, 1987; Phinney & Alipuria, 1990). More recently, research has begun to focus on the association between multiple identities and mental health and psychological functioning (Rafaeli-Mor & Steinberg, 2002, Brook, Garcia and Fleming, 2008; Haslam, Jetten, Postmes & Haslam, 2009). It is commonly accepted that individuals occupy multiple statuses, enact multiple roles, and negotiate identities. However, what is not clear is how having these multiple identities affect mental health and well-being – particularly what the mechanisms and outcomes are for managing these multiple identities and the sometimes disparate, meanings associated with them (Rogalin & Keeton, 2011). In the past it had been argued that having multiple identities and group membership is conducive to a positive psychological well-being as was tendered in Linville's (1987) self-complexity theory. According to Linville, having multiple identities serves to moderate the adverse impact of stressful events on physical and mental health outcomes as it prevents “spill-over” from negative events in one dimension of the self to the rest of the self. However, there is recent evidence in literature to suggest the existence of psychological costs when multiple identities conflict with one another (Brook et al., 2008) or when one belongs to stigmatised groups (Tajfel, 1982).

In this article we will aim to review literature on the current understanding of the relationship between identity-complexity and psychological well-being (see Appendix 1 for search strategy). We will first consider definitions of self and identity before discussing the role of multiple identities on well-being. We will then review literature purporting the benefits of identity-complexity and review the notion that identity-complexity only aids psychological well-being when there is perceived harmony among multiple salient identities. We will consider conflict within content of multiple salient identities (i.e. conflicting norms and values between groups to which a person has simultaneous membership) and social context of identities (i.e. the perceived location of one's group within a broader societal context) –

particularly in the case of stigmatised identities as important yet under researched variables in the relationship between identity-complexity and psychological well-being. We will also review literature as applicable to adolescent identity and well-being.

### **Multi-dimensional Construct of Self and identity**

The study of self and identity has attracted a considerable amount of attention across the field of psychology. Researchers often differ in their conceptualisation of the construct with some considering it too elusive to be studied or measured. While some have historically emphasised personal and internalised representations of the self such as personality (Allport, 1943), others have more recently focused on social aspects of identity, that is, an individual's awareness that they are members of a common group (e.g. Haslam et al., 2009; Obst, White, Mavor, & Baker, 2011). Additionally, while some view identity as a uni-dimensional construct (e.g. Brown, Condor, Mathews, Wade, & Williams, 1986), others take the view of identity as multidimensional and multifaceted (Tajfel & Turner, 1986). Within such disparities however, most agree on a consensus that an individual's identity plays an important role in their behaviour, affect, and cognition (Rafaeli-Mor & Steinberg, 2002). Furthermore, a congruent tenet within most paradigms is that one's identity is shaped by an interaction between a plethora of factors including individual characteristics, family dynamics, socio-political contexts and historical factors. In his influential book, James (1890) suggested that the self has many constituents. He tendered the idea of the "social self", suggesting that people belong to multiple social groups and that their psychology depends on the ease or difficulty at which they can navigate the demands of these social groups.

*"Properly speaking, a man (sic) has as many social selves as there are individuals who recognize him and carry an image of him in their mind... there are distinct groups of persons about whose opinions he cares...From this there results what practically is a division of the man into several selves; and this may be a discordant splitting... or it may be a harmonious division of labor" (p. 294)*

This multifaceted view of self has now become a mainstay within theories and models of self and identity such as the *social identity theory* (SIT) as posited by Tajfel and Turner (1979) and *self-categorisation theory* (SCT, Turner, Hogg, Oakes, Reicher, & Wetherell, 1987) – collectively known as the social identity approach. SIT argues that a person has not one, “personal self”, but rather multiple selves that correspond to widening circles of group membership. For example, a typical school student might identify him/herself by their gender, race, ethnicity, school, religion, sports team and other personal relationships. In this way, one’s social identity is defined as an “individual’s knowledge that he (or she) belongs to certain social groups together with some emotional and value significance to him (or her) of this group membership.” (Tajfel, 1978; p63). Similarly, the SCT states that the self can be defined at different levels, ranging from personal to group levels. At the group level, “the self is defined and experienced as identical, equivalent, or similar to a social class of people in contrast to some other class” (Turner, Oakes, Haslam, & McGarty, 1994, p. 454). These multiple identities vary in their importance to the individual and in the probability that each will become salient in different contexts (Tajfel & Turner, 1986). At some times, in some contexts, a young person might be most aware of being male, and yet at other times and in other contexts, the same person might be most aware of being a Catholic, being Black, or being a supporter of a football team. It is the combined influence of these multiple social identities that form our organisational structure of self (Iyer, Jetten, & Tsivikos, 2006). Thus our sense of self is both formed, and continuously influenced, by perceiving ourselves in relation to others.

### **Cognitive Structure of Identity**

Several theories of identity-complexity arose from the cognitive structure literature of the 1950s and 1960s such as Kelly’s (1955) pioneering work on personal construct and the work of Bieri (1966). Kelly defined *personal constructs* as the conceptual dimensions underlying different knowledge domains of the self. The essence of this theory is that people actively construe reality using idiographic interpretations, and the distinctive dimensions each person uses are the sources of individual differences in personality, emotion, and behaviour (Kelly 1955). In extension, identity-complexity reflects the

dimensions or constructs that a person uses to discriminate meaningfully among aspects of their social world and group membership. The more complex a person's identity, the more constructs he or she will use to describe or understand their social world (Berzonzky & Neimeyer, 1988). Two elemental features of cognitive structure literature which figures prominently in Kelly's (1955) and Bieri's (1966) and which influences research on identity-complexity are differentiation and integration. Both of these features characterize a person's knowledge of a particular domain: *Differentiation* refers to the degree to which a cognitive domain contains multiple distinct elements, whereas *integration* refers to the degree of coherence, interrelatedness, or unity in the cognitive domain (Wyers, 1964).

Each of these constructs have been highlighted as having important role in the relationship between identity and well-being with the past three decades seeing a plethora of research featuring characteristics of differentiation and integration of self-knowledge with various degrees of empirical support. For example, Showers' (1992) construct of *compartmentalization*; the degree to which one partitions differently valenced self-knowledge into distinct categories, incorporates a degree of self-differentiation. Campbell's (1990) construct of *self-concept clarity*, the degree to which the self is clearly defined incorporates integration. Both constructs also feature in Linville's (1987) self-complexity model however, Rafaeli-Mor and Steinberg (2002) noted controversies associated with the properties of differentiation and integration highlighting that there appears to be little clarity on what the constructs constitute or in fact how they could be measured.

Building on the notion of a multi-faceted sense of identity, Roccas and Brewer (2002) developed the notion of 'social identity-complexity', which refers to individual differences in perceptions of one's multiple group memberships. The complexity of one's identity reflects the degree of overlap perceived to exist between groups of which a person is simultaneously a member, with lower overlap reflecting high identity-complexity (Miller, Brewer, & Arbuckle, 2009). Therefore, some persons may perceive the different groups to which they belong as containing the same members. In application, a school pupil may perceive an overlap in the composition of group members in their school and in their sports team. Since the introduction of the notion of social identity-complexity, a plethora of researchers have investigated the process of identification with multiple social groups and its association with well-being



(Brook et al., 2008; Koch & Shepperd, 2004; Rafaeli-Mor & Stenberg, 2002). Research has however reached conflicting conclusions on the relationship between social identity-complexity and well-being with some reporting complexity as adaptive (Linville, 1987) while others have reached contrasting conclusions (e.g. Woolfolk et al., 1999).

### **Psychological Well-being in Adolescents.**

The study of psychological well-being in relation to social identity-complexity has been a field of important developments during the last two decades. However, its study in relation to adolescence has been much more limited. Research into the interrelationship between identity-complexity and psychological well-being has emanated from literature in women's studies and sociology, and has mainly examined the effects of parent, worker, and spouse identities on psychological well-being. Very little research focus has explored how issues of identity-complexity impact psychological well-being in young persons. This is despite the fact that adolescence is a period of multiple transitions and changes which has important consequences for psychological well-being (Erikson, 1968). According to Erikson adolescents must make a series of ever-narrowing selections of personal, occupational, sexual and ideological commitments. These selections should end with a coherent sense of self and identity characterized by "a sense of well-being and by the feeling of being at home in one's body, a sense of knowing where one is going and an inner assuredness of anticipated recognition from those who count" (p. 165). Furthermore, adolescence is faced with sets of challenges which could challenge the formation of a coherent sense of self during transition from childhood to adulthood (Harter, 2003). Challenges involve events such as leaving school, getting a job, making new friends, and detaching from parents which are likely to impact on one's concept of the self. As such, changes in many aspects of the self including self-structure could be expected during this period (Wu, Watkins & Hattie, 2010). Extending Erikson's stipulations, Pace and Zapulla (2009) reported that achieving a coherent identity is related to psychological and interpersonal functioning, and better well-being in adolescents.

According to recent UK epidemiological surveys of young people's symptoms, the past three decades have seen a steady increase in the records of suicide rates, mental health utilisation and treatment, crime, and retrospective reports of lifetime mental disorder (Collishaw, Maughan, Natarajan, & Pickles, 2010; Nuffield Foundation, 2012). At the same time there have been changes in social trends and the amount and compatibility of social identities available to young people. For example, the last five years have seen a dramatic increase in the use of social media sites such as Facebook and MySpace by adolescents (O'Keeffe & Clarke-Pearson, 2011). Research by Ofcom (2008) suggests that almost half (49%) of young people aged between 8 and 17 in the UK had a profile on a social networking site with the figures likely to have increased since. These sites offer incessant daily opportunities to not only connect with friends and classmates, but to join multiple social groups and interact with people with varying interests at an unprecedented scale. Because of their limited capacity for self-regulation and susceptibility to peer pressure (O'Keeffe & Clarke-Pearson, 2011), young people are at some risk (e.g. bullying, clique-forming, and sexual experimentation, Hinduja & Patchin, 2007) as they navigate their social identities and experiment with social media. The above assertions further highlight the need to explore the impact of social identity-complexity on psychological well-being in adolescents particularly as knowledge gained can inform the construction of better and more adjusted prevention programs aimed to avoid or reduce the onset of mental health problems in adolescents (Gonzalez, Ferran & Coenders, 2007).

### **Identity-complexity and psychological well-being**

Historically, the number of social groups in which people are active has been seen as social capital. Although there is a lack of consensus and discernible definition on what social capital is (Kanazawa & Savage, 2009), it has been equated with salubrious social network ties (Burt, 1998), access to embedded social resources and support (Lin, 2000). In this way, social capital can be seen as an indicator of health in society. Building on this work on social capital, research suggests that having more identities leads to

better mental health. As aforementioned, Linville (1987) tendered the self-complexity buffering hypothesis that complex representation of the self (identity-complexity) serves to moderate the adverse impact of stressful events on physical and mental health outcomes. Furthermore, identity-complexity was reported as inhibiting “spill-over” from negative events in one dimension of the self to the rest of the self (Linville, 1987) and correlating with lower depression (Gara et al., 1993). Support for the self-complexity hypothesis was reportedly found in studies utilising cross-sectional and longitudinal designs (Linville, 1985; 1987; Cohen, Pines & Smith, 1997). However, the reported longitudinal benefit is questionable as these studies only collected data over a two week period. Nonetheless, the buffering hypothesis was supported by Koch and Shepperd’s (2004) who reported a positive, moderating relationship between self-complexity and better coping in response to stress and negative events.

The influence of these findings can be found in current clinical practice where the benefits of engaging in a significant number of activities, and in so doing increasing an individual’s number of self-aspects, is readily observable in cognitive behavioural therapeutic methods (e.g. social engagement for depression, Glass, De Leon, Bassuk & Berkman, 2006). Despite these encouraging findings, other researchers have found the alternative possibility; that identity-complexity might sometimes bear a psychological cost. For example Woolfolk and colleagues (1999) associated self-complexity with longer depressive episodes. However, Woolfolk and colleagues distinguished between individuals with high negative and high positive self-representations and found that high negative self-representations uniquely predicted subsequent levels of depressions. Nevertheless, in a study with young persons, Jordan and Cole (1996) reported that high levels of both positive and negative self-representations were related to high levels of depressive symptoms and the occurrence of negative events. Support for these findings could be found in Block’s (1961) assertion that multiple identities lead to “role diffusion where an individual is fragmented and is an interpersonal chameleon with no inner core of identity, fitfully reacting in all ways to all people” (Block, 1961, p. 392). Thus, rather than buffering the adverse effects of life stressors, a complex organization of self-knowledge may put a person at increased risk for emotional suffering.

As mentioned, research on the link between identity-complexity and psychological well-being has produced mixed results. There is a paucity of research to explain why identity-complexity is sometimes positively associated with well-being (positive identity-complexity) and other times negatively associated to well-being (negative identity-complexity). However, there are suggestions in the literature that when multiple identities conflict with one another (Brook et al., 2008) or when particular groups are stigmatised (Tajfel, 1982), social identity-complexity might not be as straightforwardly positive. As Miller, Brewer, and Arbuckle (2009) noted, it is not only how many social groups an individual identifies with that matters but, more importantly, is how those different identities are subjectively combined to determine the overall inclusiveness of the individual's ingroup memberships. The roles of that conflict and stigma in the process are expanded upon, below.

### **Identity Conflict and Self-Concept Clarity.**

Gove (1984) considered role conflict as possible sources of negative identity-complexity. Accordingly, it was suggested that identity-complexity lowers well-being when there are incompatible expectations from different groups to which a person identifies with, for example being a mother and being a professional (Ryan & David, 2003). The demand of managing conflicting expectations can be a moderator in the relationship between identity-complexity and psychological well-being. Extending the idea of role conflict, Brook et al. (2008) reported that an association between identity-complexity and psychological well-being depends on both the harmony between the identities and their importance to the person's self-concept. Therefore one would expect positive psychological outcomes when a person has multiple high-status and harmonious identities which are socially valued, and which the person views as important to their self-concept. Under such circumstances, the linear and additive model of multiple identities as social capital should hold. However, when the values and expectations between multiple identities are incongruous, the experience of multiple identities is likely to be neither positive nor additive. For example, Sewell (2001) explored identity-complexity in African Caribbean students in

London who reported incompatibilities between their 'black masculinity' identity and studious student identity. Students in that study reported that the discrepant social values between both identities meant that they were constantly hiding their academic achievement from their Black peers in order to be accepted. One can hypothesize that the salience of multiple identities of this kind will be associated with perceived disharmony and low self-concept clarity (SCC) thus resulting in psychological costs. According to Campbell (1990) SCC is the extent to which self-beliefs are clear, internally consistent, and stable. Campbell conceptualised self-concept as subdivided into two components namely the knowledge component ("who/what am I?") - this component includes beliefs about one's specific attributes such as physical attributes as well as roles, group membership, values and personal goals. The second component is the evaluative component ("how do I feel about myself?") which includes a global self evaluation that results as a product of viewing the self as an attitude object (Campbell et al., 1996). Research on SCC has found it inversely related to indices of psychological distress (e.g., rumination, anxiety, negative affect) and is positively related to subjective well-being (Campbell et al., 1996; Slotter, Gardner, & Finkell, 2010). Furthermore, Ritchie, Sedikides, Wildschut, Arndt, and Gidron (2010) found SCC to be mediator in the relation between stress and psychological well-being with stress being less strongly associated with well-being for people with high SCC. Wu, Watkins & Hattie (2010) reported evidence for an association between SCC self-concept and self esteem in adolescents.

### **The Effect of Stigmatised identities**

In addition to inter-identity complications, there are suggestions in the literature that single identities can also be problematic particularly with low status and stigmatised groups. Goffman (1963) conceptualised stigma as a deviant condition, characteristic, behaviour, or attribute that reflects a devalued social identity. Since then, researchers have extensively examined stigma by way of people's negative reactions toward, or stereotypes of, individuals with stigmatised identities (Crandall, 1994,) Only most recently have researchers studied the psychological responses of being stigmatised and individuals' own perceptions of deviance (Williams & Mickelson, 2008).

According to Crocker, Major, and Steele (1998) defining features of stigmatisation include the possibility that one will be a target of prejudice or discrimination, as well as uncertainty about whether one's outcomes are due to discrimination or to something else. Therefore, possessing a socially devalued identity is reported to have a variety of cognitive, emotional and behavioural consequences including a reduction in self esteem, which is related to less life-satisfaction, hopelessness and depression (see Crocker et al., 1998 for a review). Based on such evidence, a number of scholars have asserted that experiencing stigma and discrimination inevitably leaves "marks of oppression" on the personalities and self-esteem of their victims (Cartwright, 1950). Additionally, a person's feelings of worth to a considerable extent depend on the social evaluation of the group with which a person is identified. Self-hatred and feelings of worthlessness tend to arise from membership in underprivileged or outcast groups (Smith & Silva, 2011). This view was echoed in Clark and Clark's (1950) observations in their doll studies where a large percentage of Black children seemed to prefer White dolls and rate White skin colouring more favourably than Black skin colouring. Clark and Clark highlighted "tremendous burden of feelings of inadequacy and inferiority which seem to become integrated into the very structure of the [Black children's] personality as it is developing" (p. 350). Although this highlights the impacts of stigma on identity and well-being, research comparing the self-esteem of members of stigmatised groups such as African-Americans with White majority in the US has found no significant difference (e.g. Crocker & Major, 1989). Conversely, Twenge and Crocker (2002) found that African-Americans reported higher self-esteem when compared to their European-American counterparts. This discrepancy can perhaps be explained, in part, by the rejection-identification model (Branscombe et al., 1999) which claims that while perceiving prejudice has psychological costs, those costs are suppressed by increased identification with one's minority group. In this view, members of low-status social groups may maintain psychological well-being in the face of discrimination by becoming more highly identified with their socially devalued ingroup and rejecting the negative evaluations of high-status outgroup members (Cross & Cross, 2008; Tajfel & Turner, 1986).

However, given the assertions of the rejection-identification model, people belonging to devalued or stigmatised groups are often cognisant of such stigma. It could be argued that this knowledge becomes personally meaningful once individuals perceive themselves as stigmatised. The individual's perception of stigma may lower their self-concept clarity as they feel unsure of how others view them (Goffman, 1963). Furthermore, an experience of stigma as a result of an identity which is very central to a person's self-concept may engender more feelings of incompatibilities which may lead to negative identity-complexity. This highlights an opportunity for research to ascertain the inter-relationship among multiple identities, conflict, stigma and well-being.

## **Conclusion**

Research into identity-complexity has provided many examples of the potential adaptiveness of belonging to many groups. However, as this review demonstrates, evidence has accumulated on both sides of the adaptive/maladaptive debate, suggesting that the interrelationship among one's identities may be more important than the sheer number of groups that one belongs to. Particularly the degree of harmony that one perceives to exist among the groups that are important to one's self-concept. In addition, the role of having stigmatised identities was also considered as having an impact on well-being. However, empirical research in this area is still in its infancy particularly in relation to adolescents and also within a clinical context. With the ever changing demographics of the modern society and a notable increase in the levels of anxiety, depression and behaviour problems in young persons when compared to 30 years ago (Nuffield Foundation, 2012), it would undoubtedly be beneficial to clinical psychology theory and practice if more research were to be conducted on how young people's subjective representation of the interrelationships among their multiple group identities impacts their mental health.

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## Appendix

### Appendix 1: Literature Review Search Strategy

#### Search Strategy for the Identification of Relevant Studies

Standard methods were used to locate relevant research. Computer-based searches of ISI Web of Knowledge (Web of Science), PsycINFO and MEDLINE PubMed, were conducted, using the following phrases (See Table 1 for results):

1. Self-complexity AND (well-being or health)
2. Self-complexity AND well-being AND health
3. Self-complexity AND well-being
4. Social identity-complexity AND well-being

Including “well-being OR health” in the search term returned too many hits. The search was narrowed by using the AND function (i.e. Well-being AND Health). However, this greatly narrowed the search. “Health” was therefore removed. It was noted that search term 3 (i.e self-complexity AND well-being) yielded duplicates of search term 2 as well as other articles.

5. Multiple identit\* AND well-being
6. Identit\* AND stigma
7. Identit\* AND stigma AND well-being
8. Multiple identit\* AND conflict AND well-being
9. Self-concept AND well-being
10. Self-complexity AND adolescent Identity AND well-being

## 11. "Multiple identit\* AND adolescent identity AND well-being

**Organisation of the Review**

Table 1 shows an outline of the number of papers found as a result of the search of the databases.

Table 1:

*Number of Papers found during Literature Search*

Search term	No. of papers founds			Total no. of Relevant articles (including duplications)
	PsycINFO	Web of science	Pub Med	
Self-complexity AND (well-being or health)	639,849	4,693,960	2,439,906	—
Self-complexity AND well-being AND health	2	5	6	5
Self-complexity AND well-being	16	15	11	10
Social identity-complexity AND well-being	1	0	1	1
Multiple identit* AND well-being"	76	177	31	13
Identity AND stigma	1,051	1,206	408	—

Identity AND stigma AND well-being	61	69	252	11
Multiple identi* AND conflict AND well-being	11	56	2	4
Self-concept clarity AND well-being	13	21	119	4
Self-complexity AND adolescent Identity AND well-being	1206	1	1	1
Multiple identit* AND adolescent identity AND well-being	6	44	4	5

### **Inclusion/Exclusion Criteria**

Titles were scanned to select relevant articles and their abstracts read. From these, relevant full texts were selected and read and a final selection of studies for the review was made. Relevant articles included those that were theoretical and/or empirical and included one or more constructs from the proposed model. The reference lists of articles were also examined to identify relevant journals. In addition, relevant articles which had been previously identified by the authors of the study were also included. Selection of search terms involved reading these previously identified articles and determining from them which terms gave enough relevant and not too many irrelevant hits. Unfortunately it was not possible to access all articles in full text and so not all relevant studies could be reviewed; this is likely to add a bias to the review..

Articles not written in English were excluded.